



**Retirement/Pension Pay Questionnaire - Claimant**

Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 ID or SSN: \_\_\_\_\_

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

Under Section 611 of the Illinois Unemployment Insurance Act, receipt of retirement pay is considered disqualifying income and may be deducted from your benefits. Please provide information about this payment to determine your eligibility for Unemployment Insurance Benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

<b>Section A: Retirement/Pension Information</b>			
Did you make contributions toward the retirement?	Yes	No	
Did the employer make contributions toward the retirement?	Yes	No	
What type of payment do you receive or have you applied for? <i>(Select one)</i>			
Retirement Pension/Annuity	Federal, Military or Railroad		
Profit Sharing	State or Local Government outside of Illinois		
How is the retirement/pension paid? <i>(Select one)</i>			
One time lump sum			
<i>(Please enter date and amount of payment)</i> Date:        /        /        Amount: \$			
Monthly			
<i>(Please enter gross amount of payment)</i> Amount: \$			
Other:			
<i>(Please Explain)</i>			
<b>Section B: Information Regarding the Employer/Entity Paying the Retirement Payment/Pension</b>			
Employer/Entity Name: _____			
Address 1: _____		Address 2: (Apt., Floor, Suite, etc.) _____	
City: _____	State: _____	Zip Code: _____	
Telephone Number: (        )        -        _____			
What was the last day you worked for this employer?		/        /	
What was/is the effective date of the retirement payment?		/        /	
What is the gross monthly payment amount?		\$ _____	
<b>Section C: Signature</b>			
Signature: _____		Date:        /        /	
Name (printed or typed): _____		Telephone Number: (        )        -        _____	